

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO
70/575258

FILING DATE

CLAIMS

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
6						
7		4				
8						
9						
10						
11		1				
12						
13		2				
14						
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18						
19		5				
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22		2				
23						
24		2				
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28		2				
29						
30		7				
31						
32		1				
33						
34		2				
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36						
37		8				
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49						
50						
TOTAL IND.		1				
TOTAL DEP.	5	1				
TOTAL CLAIMS	52					

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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